



CITY OF ROCKVILLE

SICK LEAVE BANK DISENROLLMENT FORM

Name _____
(please print)

Employee Number _____ Department _____

--

I HEREBY WITHDRAW FROM PARTICIPATION IN THE SICK LEAVE BANK
EFFECTIVE NEXT CALENDAR YEAR.

I UNDERSTAND THAT I MAY REAPPLY FOR MEMBERSHIP DURING ANY
SUBSEQUENT OPEN ENROLLMENT PERIOD.

Signature _____ Date _____

PLEASE RETURN COMPLETED FORM TO THE PERSONNEL DEPARTMENT.

P09/05

White Copy : Personnel

Yellow Copy : Payroll